

Pupils of Keetley School:

Hewlett Children - geologists at  
the mine.

Strongham Children -

Paul Hunt Children - Supt  
of mine

McDonald Children -

Melvin Brown "

Harry Wallace "

Elsie Adams for one year

Cornie Adams " " "

**PRECAUTIONS: Impaired Renal Function:** The drug should be used with caution in patients with impaired renal function. (See Dosage and Administration.)

**Drug Interactions:** Catecholamine-depleting drugs (eg, reserpine) may have an additive effect when given with beta-blocking agents. Patients treated with TENORMIN plus a catecholamine depleter should therefore be closely observed for evidence of hypotension and/or marked bradycardia which may produce vertigo, syncope, or postural hypotension.

Should it be decided to discontinue therapy in patients receiving beta blockers and clonidine concurrently, the beta blocker should be discontinued several days before the gradual withdrawal of clonidine.

**Carcinogenesis, Mutagenesis, Impairment of Fertility:** Two long-term (maximum dosing duration of 18 or 24 months) rat studies and one long-term (maximum dosing duration of 18 months) mouse study, each employing dose levels as high as 300 mg/kg/day or 150 times the maximum recommended human dose, did not indicate a carcinogenic potential in rodents. Results of various mutagenicity studies support this finding.

Fertility of male or female rats (evaluated at dose levels as high as 200 mg/kg/day or 100 times the maximum recommended human dose) was unaffected by atenolol administration.

**Animal Toxicology:** Chronic studies performed in animals have revealed the occurrence of vacuolation of epithelial cells of Brunner's glands in the duodenum of both male and female dogs at all tested dose levels of atenolol (starting at 15 mg/kg/day or 7.5 times the maximum recommended human dose), and increased incidence of atrial degeneration of hearts of male rats at 300 mg but not 150 mg atenolol/kg/day (150 and 75 times the maximum recommended human dose, respectively).

**USAGE IN PREGNANCY:** Pregnancy Category C. Atenolol has been shown to produce a dose-related increase in embryo/fetal resorptions in rats at doses equal to or greater than 50 mg/kg/day or 25 or more times the maximum recommended human dose. Although similar effects were not seen in rabbits, the compound was not evaluated in rabbits at doses above 25 mg/kg/day or 12.5 times the maximum recommended human dose. There are no adequate and well-controlled studies in pregnant women. TENORMIN should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

**Nursing Mothers:** Atenolol is excreted in human breast milk at a ratio of 1.5 to 6.8 when compared to the concentration in plasma. Caution should be exercised when TENORMIN is administered to a nursing woman.

**Pediatric Use:** Safety and effectiveness in children have not been established.

**HEMATOLOGIC:** Agranulocytosis, nonthrombocytopenic purpura, thrombocytopenic purpura.

**ALLERGIC:** Fever, combined with aching and sore throat, laryngospasm, and respiratory distress.

**CENTRAL NERVOUS SYSTEM:** Reversible mental depression progressing to catatonia, visual disturbances, hallucinations, an acute reversible syndrome characterized by disorientation of time and place, short-term memory loss, emotional lability with slightly clouded sensorium, decreased performance on neuropsychometrics.

**GASTROINTESTINAL:** Mesenteric arterial thrombosis, ischemic colitis.

**OTHER:** Reversible alopecia, Peyronie's disease, erythematous rash, Raynaud's phenomenon.

**MISCELLANEOUS:** The oculomucocutaneous syndrome associated with the beta blocker practolol has not been reported with TENORMIN during investigational use and foreign marketing experience. Furthermore, a number of patients who had previously demonstrated established practolol reactions were transferred to TENORMIN therapy with subsequent resolution or quiescence of the reaction.

**OVERDOSAGE:** To date, there is no known case of acute overdosage, and no specific information on emergency treatment of overdosage is available. The most common effects expected with overdosage of a beta-adrenergic blocking agent are bradycardia, congestive heart failure, hypotension, bronchospasm, and hypoglycemia.

In the case of overdosage, treatment with TENORMIN should be stopped and the patient carefully observed. TENORMIN can be removed from the general circulation by hemodialysis. In addition to gastric lavage, the following therapeutic measures are suggested if warranted:

**BRADYCARDIA:** Atropine or another anticholinergic drug.

**HEART BLOCK (SECOND OR THIRD DEGREE):** Isoproterenol or transvenous cardiac pacemaker.

**CONGESTIVE HEART FAILURE:** Conventional therapy.

**HYPOTENSION (DEPENDENT ON ASSOCIATED FACTORS):** Epinephrine rather than isoproterenol or norepinephrine may be useful in addition to atropine and digitalis.

**BRONCHOSPASM:** Aminophylline, isoproterenol, or atropine.

**HYPOGLYCEMIA:** Intravenous glucose.

**DOSEAGE AND ADMINISTRATION: Hypertension:** The initial dose of TENORMIN is 50 mg given as one tablet a day either alone or added to diuretic therapy. The full effect of this dose will usually be seen within 1 to 2 weeks. If an optimal response is not achieved, the dosage should be increased to TENORMIN 100 mg given as one tablet a day. Increasing the dosage beyond 100 mg daily will probably produce no further benefit.

Provo  
December 31-1966

Dear Dr. Ray:

Your letter of November 25<sup>th</sup> has been sitting while an auntie returned from an extended trip to California. Mother could not recall that any of her sisters had taught in Eekhorn. My Aunt became the resource person when she said that

Grandpa Booth's sister had taught there. This sister has a career daughter living in Montana who hopefully, can help your New address is on the back of your request.

The year Connie and I went to school at Kettley remains outstanding, because this was our rural educational experience. We lived at Railstone and went to Kettley by foot, sleigh, horse, and in the spring an altered pick-up. She was in the first grade - I in the third. Looking back we wonder how we lived

through that severe winter.

Best wishes to your family. May  
all of you enjoy a profitable new year.  
And let us help you again - as we may.

Elsie Adams

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